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January 29, 2016

Katherine Shea Barrett
Policy Director, Accountable Care
Health Policy Commission

Via Electronic Mail to: HPC-Certification@state.ma.us

Dear Ms. Barrett:

CliniciansUNITED (CU) is a multidisciplinary group of independent behavioral health clinicians who are associate members of the Massachusetts Human Service Workers Union, SEIU Local 509. We are grateful for the opportunity to provide feedback on the Accountable Care Organization (ACO) certification requirements. Our feedback is below:

4. The ACO governance structure provides for meaningful participation of primary care, addiction, mental health (including outpatient), and specialist providers.

Including mental health clinicians working in the community as part of the governance structure of the ACO is critical to ensuring that provider feedback and input is included in creating -- and building -- quality services for the folks of the Commonwealth. Meaningful participation of mental health clinicians working in the community should reflect the entirety of the clinicians who are part of the ACO. For example, if an ACO stretches from Peabody to Scituate, a clinician representative who practices in Peabody may see different needs in their community than a clinician in a different part of the region/state. Being able to understand the geographic differences in clients' mental health needs is important in confronting the significant mental health issues in different communities across the state. Meaningful participation in the governance of the ACO must account for such variations in provider experiences.

This section also says, "a written description of official governance structure including the board and committees with members' names, professional degrees (e.g., MD, RN, LCSW, LMHC), titles, and organizations." We are aware that this is most likely not a full list of professional degrees, but would feel remiss if we did not make sure that LICSW, PhD and LMFT licenses/professional degrees are included as well.

9. What evidence should the HPC seek to evaluate whether ACOs assess the effectiveness of the collaborations?

CU is encouraged that the HPC has prioritized the inclusion of mental health clinicians as collaborators with ACOs. Through lessons learned with the current insurance system, CU believes that the HPC can strengthen this collaboration -- while also providing more efficient access of care to clients in need of services. CU urges the HPC to require ACO providers to keep current lists of mental health clinicians,

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which are continually updated to reflect clinicians' availability to take on clients, as well as reflect who has no availability, or who has left the ACO. Keeping these lists current can decrease the time a client spends looking for a therapist, because the list would only show clinicians that are actually available. Currently, we hear regularly that clients spend a large amount of time calling a long list of clinicians from their insurance provider's website only to have it end with frustrating results. This small, but important, collaboration between therapists and the ACOs would encourage communication and information sharing -- as well as inform the ACO of patient needs.

CliniciansUNITED recently commissioned the University of Massachusetts Donahue Institute to conduct a study of independent mental health clinicians statewide. The goal was to gain a quantitative sense of the challenges clinicians and their clients face. A particularly alarming finding in the Donahue Institute of UMass survey was that of the 662 clinicians surveyed, 81% had to turn away one or more potential clients in a month. Of those clinicians who had to turn away potential clients, 49% noted that this number increased in the past year. This data shows that people who are seeking care for mental health issues are not getting it, maybe at all, but definitely not in a timely manner. The HPC has the opportunity to change that statistic with ACO standards that monitor clinician networks and utilization,

Additionally, we believe this data also points to the need for insurance companies to open their panels. We strongly encourage the HPC to require ACOs to continually add therapists to their referral networks -- rather than have a closed network that rarely opens to new therapists. This would ensure that the ACO is committed to mental health clinicians practicing in the community. This would also demonstrate the commitment to addressing the real issue of clients not receiving care because of a lack of therapists who take their insurance, which is the current reality in Massachusetts.

10. As appropriate for its patient population, the ACO has capacity or agreements with mental health providers, addiction specialists, and LTSS providers. Agreements should reflect a categorized approach for services by severity of patient needs. These agreements should also include provisions for access and data sharing as permitted within current laws and regulations.

As mentioned above, CU urges the HPC to encourage ACOs to have a large network of mental health clinicians in the community to ensure that when a client needs outpatient mental health care, there are enough clinicians available to accommodate those needs. A sufficiently large pool of therapists is needed to ensure access to treatment, without the potential client needing to make dozens of phone calls and spending many hours trying to find it.

We also urge the HPC to clarify the requirement that "agreements should reflect a categorized approach for services by severity of patient needs". CU believes that it is imperative that decisions about care (type, length, and frequency of treatment) are made by the clinician and patient -- not the ACO. We worry that this vague language could lead to prescribing specific treatment methods for a specific diagnosis -- even if

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the clinician feels it is not the best care for their client. This could then lead to the loss of clinician autonomy to make decisions about care, which is necessary to provide quality care to their clients.

30. The ACO distributes funds among participating providers using a methodology and process that are transparent to all participating providers. Documentation must include both a description of the methodology and a demonstration of communication to all participating providers.

The negotiation and payment process to providers should be transparent and fair -- and needs to be communicated in those same ways to clinicians. Mental health clinicians working in the community provide critical care within the ACO structure and deserve clear and fair payment and negotiation structures.

In addition, CU urges the HPC to create accountability structures that monitor the ACO's ability to maintain transparency with clinicians. An annual survey for clinicians could serve as a sounding board for the ACO and the HPC to examine whether true transparency is occurring. For example, asking clinicians how they felt about:

- communication between providers and the ACO
- reimbursement rates and fair wages
- frequency of care denials
- clear authorization procedures
- payment delivered in a timely manner

We believe that this information, in the hands of the HPC, could build a foundation for accountability and efficient access to care for clients. Many insurance companies survey their clinicians, but we hope that requiring ACOs to share data with the HPC will provide an opportunity to flag challenges, improve problem solving, and attend to technical assistance needs.

Thank you again for the opportunity to provide feedback on the ACO certification process. We are looking forward to working with you throughout this process.

Sincerely,
Melody Hugo
CliniciansUNITED Director

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